06/17/2008 14:25

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For Oth	er Than An	Authorize	d Committ	tee		Office Use Onl	ly
1. NAME OF COMMITTEE (in full)		MAILING LAB		ample:If typing er the lines	g, type			
American Health Care	Association Polit	ical Action Com	mittee					
ADDRESS (number and stree	et) 1201 L	Street, NW						
Check if different than previously reported. (ACC)	Washi	ngton				DC	20005	
2. FEC IDENTIFICATION	NUMBER '	.	CITY 🛋			STATEA	ZIPC	CODE A
C00006080		3	B. IS THIS REPORT		NEW (N) OR		AMENDED A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Rep July 15 Quarterly Rep October 15 Quarterly Rep January 31 Quarterly Rep January 31 Quarterly Rep July 31 Mid-Y Report(Non-e- Year Only) (M	port(Q1) (coort(Q2) coort(Q3) coort(YE) (dear election lay)	PRE-Election Report for the E 30-Day Post -Election Report for the	e: lection on	X	(12C)	Se	(12G) in th	Special (30S)
5. Covering Period	0.5	1 2008	3	through	0.5	3 1	2008	
Type or Print Name of Treas		to the best of magail Clarkson	y knowledge	and belief it is	true, correct	and complete	t.	
orginatore of Trousdroi	lectronically File			phigat the new		Date 0.6		2008
NOTE : Submission of false Office	, erroneous, or I	ncomplete inforn	nation may st	bject the pers	son signing thi	s Report to th	FEC FO	
Use							1	/1 (IVI JA

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name American Health Care Association Political Action Committee D D D 0.5 0 1 2008 0.5 3 1 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2008 112871.46 January 1 (b) Cash on Hand at 83372.56 Begining of Reporting Period 78055.86 345342.93 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 161428.42 458214.39 6(a) and 6(c) for Column B) 64988.22 361774.19 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 96440.20 96440.20 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

0 1 3^D1 м м 0 5 2008 м м 0 5 2008 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 318140.72 72812.98 (i) Itemized (use Schedule A) 3242.88 22702.21 (ii) Unitemized (iii) TOTAL (add 76055.86 340842.93 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 2500.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 76055.86 343342.93 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 2000.00 2000.00 Political Committees 17. Other Federal Receipts 0.00 0.00 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 78055.86 345342.93 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 78055.86 345342.93 (subtract Line 18(c) from Line 19)

23.

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

(a) Shared Federal/Non-Federal Activity (from Schedule H4)

(b) Other Federal Operating

22. Transfers to Affiliated/Other Party

Contributions to

24. Independent Expenditure

27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other

> (b) Political Party Committees (c) Other Political Committees

(d) Total Contribution Refunds

(a) Shared Federal Election Activity

(i) Federal Share

(ii) "Levin" Share

With Federal Funds (c) Total Federal Election Activity (add

23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

(subtract Line 21(a)(ii) and Line 30(a)(ii)

32. Total Federal Disbursements

from Line 31).....

(from Schedule H6)

Than Political Committees

(c) Total Operating Expenditures

21. Operating Expenditures:

of Disbursements Page 4 **COLUMN A COLUMN B Total This Period** Calendar Year-to-Date 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... 1488.22 4974.19 Expenditures..... 1488.22 4974.19 (add 21(a)(i), (a)(ii) and (b))............ 0.00 0.00 Committees..... Federal Candidates/Committees.....and Other Political Committees..... 63500.00 353050.00 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 0.00 3750.00 0.00 0.00 0.00 0.00 (such as PACs) 0.00 3750.00 (add Lines 28(a), (b), and (c)) 0.00 0.00 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) 0.00 0.00 0.00 0.00 (b) Federal Election Activity Paid Entirely 0.00 0.00 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 64988.22 361774.19

64988.22

361774.19

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	76055.86	343342.93
34.	Total Contribution Refunds (from Line 28(d))	0.00	3750.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	76055.86	339592.93
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1488.22	4974.19
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1488.22	4974.19

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	nd Statements may not be sold or used by any pers the name and address of any political committee to Political Action Committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Hollie Adams Mailing Address 2759 County Road City	1490 State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Center FEC ID number of contributing federal political committee.	TX 75935	Amount of Each Receipt this Period 500.00
Name of Employer Green Acres of Center Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Brad B Bedell Mailing Address PO Box 1210 731 North Main City Sikeston	State Zip Code MO 63801-1210	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Health Facilities Management Receipt For:	MO 63801-1210 C Occupation President Aggregate Year-to-Date ▼	Amount of Each Receipt this Period 1250.00
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Don C. C Bedell Mailing Address 731 North Main Str PO Box 1210 City	eet State Zip Code	Date of Receipt M
Sikeston FEC ID number of contributing federal political committee.	MO 63801	Amount of Each Receipt this Period 1250.00
Name of Employer Health Facilities Mgmt Co- rp	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)	3000.00

	CHEDULE A (FEC Form 3X EMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/38 (check only one) X 11a 11b 11c 12 13 14 15 16
A	ny information copied from such Reports and for commercial purposes, other than using	d Statements ma the name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Health Care Association F	Political Action	Committee	
/_	Full Name (Last, First, Middle Initial) Lyn Bentley			Date of Receipt
	Mailing Address 1201 L Street NW			05 05 7 2008
	City Washington	State DC	Zip Code 20005	Transaction ID: C419023 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20003	20.00
	Name of Employer AHCA	Occupatio Director	n	
	Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 220.00	
	Full Name (Last, First, Middle Initial) Lyn Bentley			Date of Receipt
	Mailing Address 1201 L Street NW			05 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C422847
	Washington	DC	20005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer AHCA	Occupatio Director	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		220.00	
	Full Name (Last, First, Middle Initial) Timothy J Boyle			Date of Receipt
	Mailing Address 4412 Applewood Av	enue		05 06 YYYY 2008
	City	State	Zip Code	Transaction ID: C418727
	Sioux City	IA	51106-3602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Care Center Mgmt Co		erating Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
Γ,	UBTOTAL of Receipts This Page (optional)		1290.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solici or for commercial purposes, other than using the name and address of any political committee to solicit contributions from NAME OF COMMITTEE (in Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) John D Brammeier Mailing Address 32 Desert Willow Lane City State Zip Code Littleton CO 80127-3549 FEC ID number of contributing federal political committee. Name of Employer Princin Management, Inc. City State Zip Code Princin Management, Inc. Occupation City State Zip Code Amount of Each Receipt Aggregate Year-to-Date ▼ 10 5 0 0 6 Transaction ID: Cr Amount of Each Receipt Transaction ID: Cr Amount of Each Receipt O 5 0 0 6 Transaction ID: Cr Amount of Each Receipt O 5 0 0 6 Transaction ID: Cr Amount of Each Receipt O 5 0 0 6 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0 0 0 Transaction ID: Cr Amount of Each Receipt O 5 0	PAGE 8/38 11c
A. John D Brammeier Mailing Address 32 Desert Willow Lane City State Zip Code Littleton CO 80127-3549 FEC ID number of contributing federal political committee. Name of Employer Prinon Management, Inc. Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Prinor Mailing Address 1626 Jeurgens Court City State Zip Code GA 30096 FEC ID number of contributing federal political committee. City State Zip Code GA 30096 Transaction ID: CA Amount of Each Re Trans	iting contributions such committee.
Littleton CO 80127-3549 Amount of Each Re FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼	
Receipt For: C Name of Employer C C	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Christopher R. Bryson Mailing Address 1626 Jeurgens Court City State Zip Code Norcross GA 30096 FEC ID number of contributing federal political committee. Name of Employer UHS-Pruitt Corporation, Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jill Capela Mailing Address 1101 S. Capital of TX Hwy Bldg. G City State Zip Code Transaction ID: Cathering Officer Aggregate Year-to-Date ▼ Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt The primary General Sound	300.00
B. Christopher R. Bryson Mailing Address 1626 Jeurgens Court City State Zip Code Norcross GA 30096 FEC ID number of contributing federal political committee. Name of Employer UHS-Pruitt Corporation, Inc. Receipt M M M D D D D D D D D D D D D D D D D	
City Norcross GA 30096 FEC ID number of contributing federal political committee. Name of Employer UHS-Pruitt Corporation, Inc. Receipt For: Primary General Other (specify) ▼ City Austin Transaction ID: C4 Amount of Each Re Date of Receipt Date of Receipt Transaction ID: C4 Amount of Each Re PEC ID number of contributing federal political committee. Name of Employer Name of Employer Occupation	
FEC ID number of contributing federal political committee. Name of Employer UHS-Pruitt Corporation, Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jill Capela Mailing Address 1101 S. Capital of TX Hwy Bldg. G City State Zip Code Austin TX 78746 FEC ID number of contributing federal political committee. Name of Employer Occupation Occupation Occupation Occupation Chief Operating Officer Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: C4 Amount of Each Receipt Amount of Each Receipt C	
UHS-Pruitt Corporation, Inc. Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Jill Capela Mailing Address 1101 S. Capital of TX Hwy Bldg. G City State Zip Code Austin TX 78746 FEC ID number of contributing federal political committee. Name of Employer Chief Operating Officer Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: C4 Amount of Each Receipt C Name of Employer Occupation	eceipt this Period 125.00
Mailing Address 1101 S. Capital of TX Hwy Bldg. G City State Zip Code Austin TX 78746 FEC ID number of contributing federal political committee. Name of Employer Occupation Date of Receipt T 7 7 7 7 7 8 7 8 7 9 9 9 9 9 9 9 9 9 9 9	
Mailing Address 1101 S. Capital of TX Hwy Bldg. G City State Zip Code Austin TX 78746 FEC ID number of contributing federal political committee. Name of Employer Occupation	
Austin TX 78746 FEC ID number of contributing federal political committee. Name of Employer Occupation	
FEC ID number of contributing federal political committee. Name of Employer Occupation	
Name of Employer Occupation ONR Inc.	5000.00
I (,F()	
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 5000.00	
SUBTOTAL of Receipts This Page (optional)	5425.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS Any information copied from such Benorts at	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	the name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jim A Carlson Mailing Address 11740 SW 68th Pa	rkway	Date of Receipt
Suite 250 City	State Zip Code	05 06 2008
Portland	OR 97223	Transaction ID: C418750 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Oregon Health Care Association Receipt For: Primary General Other (specify) ▼	Occupation Executive Director Aggregate Year-to-Date 1000.00	
Full Name (Last, First, Middle Initial) Roch Carter Mailing Address 111 W Michigan St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C419821
Milwaukee	WI 53203-2903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Unicare Health Facilities	Occupation General Counsel	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Elizabeth Casey	1	Date of Receipt
Mailing Address 3075 E Thousand (Daks Blvd	05 28 2008
City	State Zip Code	Transaction ID: C423152
Westlake Village	CA 91362-3402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer The Chase Group	Occupation Partner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts This Page (optional	al)	2500.00
TOTAL This Period (last page this line num	ber only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A or	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Health Care Association Po	olitical Action	Committee	
. <u> </u>	Full Name (Last, First, Middle Initial) Susan Chase			Date of Receipt
	Mailing Address 5374 Long Shadow C	t		05 28 2008
	City	State	Zip Code	Transaction ID: C423151
	Westlake Village	CA	91362-5223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer The Chase Group	Occupation Partner	n	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1250.00	
	Full Name (Last, First, Middle Initial) Steven E. Chies	<u> </u>		Date of Receipt
	Mailing Address 8624 Mississippi Blvd	INW		05 06 2008
	City	State	Zip Code	Transaction ID: C418729
	Coon Rapids	MN	55433-5968	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Benedictine Health System- Cambridge	Occupation VP, Long	n g Term Care Services	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	2500.00	
	Full Name (Last, First, Middle Initial) Gail Clarkson			Date of Receipt
	Mailing Address 1387 Club Drive			05 09 2008
	City	State	Zip Code	Transaction ID: C419888
	Bloomfield Hills	MI	48302-0823	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer The Medilodge Group	Occupation Vice Pre-		
	Receipt For:	Aggregate	e Year-to-Date	_
	Primary General Other (specify) ▼		5000.00	
	SUBTOTAL of Receipts This Page (optional) .	1		7500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Polymers	Statements may not be sold or used by any per- ne name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jonathan P Dolan Mailing Address 236 Metro Drive City Jefferson City FEC ID number of contributing federal political committee. Name of Employer Missouri Health Care Association Receipt For: Primary General Other (specify)	State Zip Code MO 65109-1103 C Occupation Executive Director Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David Duncan Mailing Address PO Box 308 1605 Sunset Bouleva City Mound City FEC ID number of contributing federal political committee. Name of Employer Tiffany Care Centers Receipt For: Primary General Other (specify)	State Zip Code MO 64470 C Occupation President Aggregate Year-to-Date 250.00	Date of Receipt M M Z 0 Z 0 0 8
Full Name (Last, First, Middle Initial) William Dunn Mailing Address 870 Bexley Ave City Marion FEC ID number of contributing federal political committee. Name of Employer Marion Manor Nursing Hm Inc Receipt For: Primary General Other (specify)	State Zip Code OH 43302-5463 C Occupation Administrator Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		1000.00

ITEMIZED RE		ements may	Use separate schedule(s) for each category of the Detailed Summary Page not be sold or used by any personal schedule sch	13	e) 11b 11c 12 14 15 16 17
or for commercial pu	rposes, other than using the na	ame and addr	ess of any political committee to	solicit contribution	ns from such committee.
Full Name (Last, Fonda Elliot	First, Middle Initial)			Date of Rec	eipt
Mailing Address	240 Capitol St Ste 500			0.5	19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code		ID: C422552
Charleston		WV	25301-2297	Amount of E	Each Receipt this Period
FEC ID number of federal political co		C			5000.00
Name of Employe AMFM, Inc.	er	Occupation Owner			
Receipt For:		Aggregate `	Year-to-Date ▼		
Primary Other (spec	☐ General cify) ▼		5000.00		
Full Name (Last, John Elliot	First, Middle Initial)			Date of Rec	eipt
Mailing Address	240 Capitol Street Suite 500			0 5	19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction	ID: C422551
<u>Charleston</u>		WV	25301-2297	Amount of E	Each Receipt this Period
FEC ID number of federal political co		C			5000.00
Name of Employe AMFM Inc	er	Occupation CEO			
Receipt For: Primary Other (spec	General	Aggregate `	Year-to-Date ▼ 5000.00		
Full Name (Last, Susan Feeney	First, Middle Initial)			Date of Rec	eipt
Mailing Address	7005 Metropolitan Pl			0 5	05 / Y Y Y Y Y 2 0 0 8
City		State	Zip Code	Transaction	ID: C419026
Falls Church		VA	22043-2330	Amount of E	Each Receipt this Period
FEC ID number of federal political co		C			19.24
Name of Employe American Health ciation	er Care Asso-	Occupation Vice Presi	dent, Public Affairs		
Receipt For:		Aggregate `	Year-to-Date ▼		
Primary Other (spec	☐ General		213.81		
CURTOTAL (C	cinta Thia Dave (cod) - D				10019.24
SUBTUTAL OF REC	eipts This Page (optional)			-	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 38 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	d Statements may not be sold or used by any perso the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Susan Feeney		Date of Receipt
Mailing Address 7005 Metropolitan F City	State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Falls Church FEC ID number of contributing federal political committee.	VA 22043-2330	Amount of Each Receipt this Period 19.24
Name of Employer American Health Care Association Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Public Affairs Aggregate Year-to-Date 213.81	
Full Name (Last, First, Middle Initial) James Gomez Mailing Address 2201 K Street		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C418730
Sacramento	CA 95816-4922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer CA Association of Health Facilities	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Don Gormly		Date of Receipt
Mailing Address 1685 Shaffer Rd		05 06 7 9 9 9
City <u>Atwater</u>	State Zip Code CA 95301-4456	Transaction ID: C418731 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Anberry Rehab Hosp	Occupation Owner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optiona	l)	1519.24

			Detailed Summary Page	X 11a 11b 11c 12 15 16
_	information copied from such Reports and Sta or commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
I \	NAME OF COMMITTEE (In Full) American Health Care Association Polit	ical Action	Committee	
	Full Name (Last, First, Middle Initial) Beverly Hagood			Date of Receipt
1	Mailing Address 403 Dundee			05 20 YYYY 2008
(Dity	State	Zip Code	Transaction ID: C422831
-	Texarkana	AR	71854	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		500.00
1	Name of Employer Mt. Pleasant Healthcare	Occupation Manager		
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
				Date of Receipt
-	Mailing Address 7605 Ridgecrest Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
(Dity	State	Zip Code	Transaction ID: C419029
1	Alexandria	VA	22308-1049	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		38.46
1	lame of Employer AHCA	Occupation Senior Vi	n ice President of Advocacy	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.60	
	Full Name (Last, First, Middle Initial) David Hebert			Date of Receipt
ľ	Mailing Address 7605 Ridgecrest Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Dity	State	Zip Code	Transaction ID: C422852
4	Alexandria	VA	22308-1049	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		38.46
1	Name of Employer AHCA	Occupation Senior Vi	n ice President of Advocacy	
Ī	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 384.60	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 38 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	 y not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
American Health Care Association Po	litical Action	Committee	
Full Name (Last, First, Middle Initial) Eric Holland			Date of Receipt
Mailing Address 1677 Highway 9 North			05 20 2008
City	State	Zip Code	Transaction ID: C421973
Pontotoc	MS	38865	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Sunshine Health Care, Inc.	Occupation Administ		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) David Kyllo	•		Date of Receipt
Mailing Address 4621 28th Road South PAYROLL DEDUCTION			05 05 2008
City	State	Zip Code	Transaction ID: C419032
Arlington	VA	22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.56
Name of Employer AHCA	Occupation Director,	n Assisted Living	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 435.16	
Full Name (Last, First, Middle Initial) David Kyllo			Date of Receipt
Mailing Address 4621 28th Road South PAYROLL DEDUCTION			05 20 7 2008
City	State	Zip Code	Transaction ID: C422855
<u>Arlington</u>	VA	22206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		39.56
Name of Employer AHCA	Occupation Director,	n Assisted Living	7
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	435.16	
SUBTOTAL of Receipts This Page (optional)	1		1079.12

	EDULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 38 (check only one) X
or for co	rmation copied from such Reports and S mmercial purposes, other than using the E OF COMMITTEE (In Full) erican Health Care Association Pol	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Todd	Jame (Last, First, Middle Initial) Mackenzie ng Address 555 Round Rock West			Date of Receipt
City	#390	State	Zip Code	0 5 0 6 2 0 0 8 Transaction ID: C418732
FEC	nd Rock ID number of contributing	C	78681	Amount of Each Receipt this Period 75.00
Name Rem of Sa	al political committee. e of Employer ngton Medical Resort in Antoni ipt For: Primary General Other (specify)	Occupatio Chief Exc	n ecutive Officer Year-to-Date 300.00	
Micha	Jame (Last, First, Middle Initial) ael McBride ng Address 101 Grace Dr			Date of Receipt 0 5 0 6 2 0 0 8
City		State	Zip Code	Transaction ID: C418733
	ey ID number of contributing al political committee.	SC	29640-9088	Amount of Each Receipt this Period 1250.00
Name Healt es	e of Employer h Management Resourc-	Occupatio Presiden		
	ipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
	Jame (Last, First, Middle Initial)			Date of Receipt
	ng Address 209 N Beaver St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C420200
	ID number of contributing all political committee.	C	17401-5321	Amount of Each Receipt this Period 1000.00
Name Wilm	e of Employer ac Corp	Occupatio Presiden		
Rece	ipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1000.00	
SUBTO	TAL of Receipts This Page (optional)			2325.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 38 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Michaela Miller Mailing Address 20023 SW Corrine			Date of Receipt 0 5 0 6 2 0 0 8
City Beaverton FEC ID number of contributing federal political committee.	State OR	Zip Code 97007-8637	Transaction ID: C418737 Amount of Each Receipt this Period 1250.00
Name of Employer Avamere Health Services Receipt For: Primary General Other (specify) ▼	Occupatio Sharehol Aggregate		
Full Name (Last, First, Middle Initial) Richard Miller Mailing Address 3611 Glenfield Ct			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C418734
Louisville FEC ID number of contributing federal political committee.	C	40241-2513	Amount of Each Receipt this Period 250.00
Name of Employer Golden Ventures	Occupatio Consulta		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Rick Miller			Date of Receipt
Mailing Address 25117 SW Parkwa Suite F			05 06 7 2008
City Wilsonville	State OR	Zip Code 97070-9697	Transaction ID: C418736
FEC ID number of contributing federal political committee.	C	3/0/0-9097	Amount of Each Receipt this Period 1250.00
Name of Employer Avamere Health Services, NC	Occupatio Presiden	t & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00]
SUBTOTAL of Receipts This Page (option	al)		2750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 38 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
American Health Care Association Full Name (Last, First, Middle Initial)	Political Action Committee	Date of Descript
V. Richard Miller Mailing Address 3594 East US High	•	Date of Receipt M
City Warsaw	State Zip Code IN 46580-6720	Transaction ID: C418735 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer MMM Invest Inc	Occupation CEO/CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Greg Moore		Date of Receipt
Mailing Address 139 Ware		05 15 2008
City	State Zip Code	Transaction ID: C419816
Buda FEC ID number of contributing federal political committee.	TX 78610	Amount of Each Receipt this Period 250.00
Name of Employer TRISUN	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ned Morse		Date of Receipt
Mailing Address Massachusetts Ex 2310 Washington	tended Care Federa Street	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Newton Lower Falls	State Zip Code MA 02462-1449	Transaction ID: C418949 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer MA Extended Care Federati- on	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	1625.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association Personal Properties of the Committee	Statements may not be sold or used by any person name and address of any political committee to olitical Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jay Moskowitz Mailing Address 2932 Fenton Street City Wheat Ridge FEC ID number of contributing federal political committee. Name of Employer Quality Life Management Receipt For: Primary General Other (specify)	State Zip Code CO 80214-8116 C Occupation Administrator Aggregate Year-to-Date 500.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Roberts Nelson Mailing Address 3075 E Thousand Oa City Westlake Village FEC ID number of contributing federal political committee. Name of Employer The Chase Group Receipt For: Primary General Other (specify)	State Zip Code CA 91362-3402 C Occupation Partner Aggregate Year-to-Date 1250.00	Date of Receipt M M M C D D C Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Timothy F Nicholson Mailing Address 304 Gilbert Road City Dillsburg FEC ID number of contributing federal political committee. Name of Employer Lyric Health Care Receipt For: Primary General Other (specify)	State Zip Code PA 17019-9511 C Occupation President & CEO Aggregate Year-to-Date 2500.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		4000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Health Care Association	and Statements may not be sold or used by any perso g the name and address of any political committee to Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Francesca Fierro O'Reilly Mailing Address 4005 Nellie Custis City Arlington FEC ID number of contributing federal political committee. Name of Employer Sr. Director of Congressional Affairs	Dr State Zip Code VA 22207-5107 C Occupation American Health Care Association	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate Year-to-Date ▼ 220.00	
Francesca Fierro O'Reilly Mailing Address 4005 Nellie Custis City Arlington FEC ID number of contributing	State Zip Code VA 22207-5107	Date of Receipt M M M
Rame of Employer Sr. Director of Congressional Affairs Receipt For: Primary Other (specify) ▼	Occupation American Health Care Association Aggregate Year-to-Date 220.00	20.00
Full Name (Last, First, Middle Initial) Charles Perry Mailing Address Nevada Health Ca 4550 West Oakey		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City <u>Las Vegas</u> FEC ID number of contributing federal political committee.	State Zip Code NV 89102-1599	Transaction ID: C418740 Amount of Each Receipt this Period 1250.00
Name of Employer Nevada Health Care Assn.	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (option	al)	1290.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Health Care Association	the name and address of any political committee	person for the purpose of soliciting contributions see to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Neil L. Pruitt, Jr. Mailing Address UHS-Pruitt Corpora 1626 Jeurgens Cou	rt	Date of Receipt 0 5
City Norcross FEC ID number of contributing	State Zip Code GA 30093	Transaction ID: C418742 Amount of Each Receipt this Period 1250.00
Receipt For: Primary Other (specify) ▼	Occupation President & CEO Aggregate Year-to-Date ▼ 2500.00	1
Full Name (Last, First, Middle Initial) Cheryl Rapp Mailing Address 4001 Pons Court		Date of Receipt 0 5 1 5 2 0 0 8
City	State Zip Code	Transaction ID: C419813
Pleasanton FEC ID number of contributing federal political committee.	CA 94566	Amount of Each Receipt this Period 3750.00
Name of Employer CARREI	Occupation President	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Sally Rapp		Date of Receipt
Mailing Address 3308 Ocean Bld Suite 280		05 12 7 2008
City Corona Del Mar	State Zip Code CA 92625	Transaction ID: C419203
FEC ID number of contributing federal political committee.	CA 92625	Amount of Each Receipt this Period 1250.00
Name of Employer SR Management Svcs. Inc.	Occupation CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional	n	6250.00

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	for eac	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 22 / 38 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be so the name and address of an	ld or used by any perso y political committee to	
NAME OF COMMITTEE (In Full) American Health Care Association I	Political Action Committ	tee	
Full Name (Last, First, Middle Initial) Thomas G. Rau			Date of Receipt
Mailing Address 10503 Citation Drive	;		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip C	ode	Transaction ID: C419200
Brighton	MI 4811	6	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		2500.00
Name of Employer Nexcare Health Systems,	Occupation Owner		
LLC Receipt For:	Aggregate Year-to-D	vate ▼	_
Primary General Other (specify) ▼	riggiogale roll to 2	2500.00	
Full Name (Last, First, Middle Initial) Stephen Reissman	1		Date of Receipt
Mailing Address 5120 W Goldleaf Ci Suite 400	rcle		05 08 7 2008
City	State Zip C	ode	Transaction ID: C419820
Los Angeles	CA 9005	6-1297	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1250.00
Name of Employer Country Villa Health Serv- ices	Occupation President/CEO		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	2500.00	
Full Name (Last, First, Middle Initial) Frank Romano			Date of Receipt
Mailing Address 57 Summer Street			05 06 / Y Y Y Y Y Y
City	State Zip C	ode	Transaction ID: C418743
Rowley	MA 0196	9-1835	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1250.00
Name of Employer Essex Group	Occupation CEO		
Receipt For:	Aggregate Year-to-D	ate 🔻	
Primary General Other (specify) ▼		2500.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers the name and address of any political committee to	
American Health Care Association	Political Action Committee	
Full Name (Last, First, Middle Initial) Angelo S. Rotella Mailing Address Friendly Home		Date of Receipt
Mailing Address Friendly Home 303 Rhodes Avenue City	e State Zip Code	05 15 2008
Woonsocket	RI 02895-2821	Transaction ID: C419814 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Friendly Home Inc	Occupation President/Admin	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) Leonard Russ		Date of Receipt
Mailing Address 40 Keogh Lane		05 20 Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C421772
New Rochelle	NY 10805-1308	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer Bayberry Nursing Home	Occupation Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1500.00	
Full Name (Last, First, Middle Initial) Lee Samson		Date of Receipt
Mailing Address 9200 Sunset Bouler Suite 1100	vard	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City West Hollywood	State Zip Code CA 90069	Transaction ID: C418744 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer SNF Management/ Windsor	Occupation President/ CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
CURTOTAL of Describe This Description	J)	4500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 38 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Health Care Association P	he name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Robert Sbriglio, MD,MPH,NHA Mailing Address Ryders Health Manae 88 Ryders Landing City	gement State	Zip Code	Date of Receipt M
Stratford FEC ID number of contributing federal political committee.	CT	06614-1666	Amount of Each Receipt this Period 1000.00
Name of Employer Ryders Health Management Receipt For: Primary General Other (specify) ▼	Occupation Doctor Aggregate	e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Linda Sechovec Mailing Address New Mexico Health (2329 Wisconsin Stre	et NE		Date of Receipt M
City Albuquerque	State NM	Zip Code 87110	Transaction ID: C422549 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer New Mexico Health Care Association Receipt For: Primary General Other (specify)	_ ,	n e Director e Year-to-Date 500.00	500.00
Full Name (Last, First, Middle Initial) John Kennon Shea Mailing Address 1810 Gillespie Way			Date of Receipt
Suite 212	State	Zip Code	0 5 0 6 2 0 0 8 Transaction ID: C418746
El Cajon FEC ID number of contributing federal political committee.	CA	92020-0921	Amount of Each Receipt this Period 1250.00
Name of Employer Kennon S. Shea and Associates Receipt For: Primary General	Occupation Presiden Aggregate		1
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		0 0 0 0 0 0 0	2750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any perso name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association Pol	itical Action Committee	
Full Name (Last, First, Middle Initial) Matthew D. Smyth		Date of Receipt
Mailing Address 1201 L Street NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C419035
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer American Health Care Asso-	Occupation Director of Crossroots	
ciation Receipt For:	Director of Grassroots	\dashv
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 223.55	
Full Name (Last, First, Middle Initial) Matthew D. Smyth		Date of Receipt
Mailing Address 1201 L Street NW		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C422858
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.23
Name of Employer American Health Care Asso- ciation	Occupation Director of Grassroots	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 223.55	
Full Name (Last, First, Middle Initial) Brad Stebbins		Date of Receipt
Mailing Address 600 E Whaley St		05 27 2008
City	State Zip Code	Transaction ID: C423265
Longview	TX 75601-6525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Stebbins Five Companies	Occupation Owner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
SUBTOTAL of Receipts This Page (optional)		1288.46

or for	commercial purposes, other than using the n AME OF COMMITTEE (In Full) merican Health Care Association Polit	tements may not be sold or used by any persor ame and address of any political committee to	
\	mencan nealth Gare Association Folit	cal Action Committee	solicit contributions from such committee.
A. <u>Da</u>	ull Name (Last, First, Middle Initial) avid Sylvester ailing Address 411 North Dillard Street		Date of Receipt
	ailing Address 411 North Dillard Street		05 / 06 / 2008
Cit		State Zip Code	Transaction ID: C418747
FE	/inter Garden EC ID number of contributing deral political committee.	FL 34787-2816	Amount of Each Receipt this Period 250.00
Na He	ame of Employer ealth Central Park	Occupation Senior VP	-
Re	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
	ıll Name (Last, First, Middle Initial) xie Taylor-Huff		Date of Receipt
Ma	ailing Address 932 East Baddour Parkv	vay	05 06 YYYYY 2008
Cit	•	State Zip Code	Transaction ID: C418748
FE	ebanon EC ID number of contributing deral political committee.	TN 37087-3707	Amount of Each Receipt this Period 1250.00
Na Qı	ame of Employer uality Care Health Center	Occupation Administrator/Owner	
Re	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2500.00	
	ıll Name (Last, First, Middle Initial) ırry R. Tretwold		Date of Receipt
Ma	ailing Address PO Box 829		05 09 2008
Cit	•	State Zip Code	Transaction ID: C419880
FE	rewster EC ID number of contributing deral political committee.	WA 98812-0829	Amount of Each Receipt this Period 125.00
Na Ha <u>Ce</u>	ame of Employer armony House Health Care enter	Occupation Owner/ Administrator	
Re	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUB	TOTAL of Receipts This Page (optional)		1625.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Health Care Association Po	litical Action	Committee	
∠ A .	Full Name (Last, First, Middle Initial) Glenn Van Ekeren			Date of Receipt
	Mailing Address Vetter Health Services 5020 South 118th Stre			05 12 2008
	City Omaha	State NE	Zip Code 68137-2209	Transaction ID: C419198
	FEC ID number of contributing federal political committee.	C	08137-2209	Amount of Each Receipt this Period 1000.00
	Name of Employer Vetter Health Services	Occupation Executiv		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
- В.	Full Name (Last, First, Middle Initial) Jack Vetter Mailing Address 5020 South 118th Stre			Date of Receipt
	- Walling Address 5020 South 118th Str	eel		05 14 2008
	City Omaha	State NE	Zip Code	Transaction ID: C420203
	FEC ID number of contributing federal political committee.	C	68137-2209	Amount of Each Receipt this Period
	Name of Employer Vetter Health Services	Occupation Presider		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
- С.	Full Name (Last, First, Middle Initial) Andrew S Weisman			Date of Receipt
	Mailing Address 5310 NW 33rd Ave Ste 211			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Fort Lauderdale	State FL	Zip Code	Transaction ID: C419884
	FOR Lauderdate FEC ID number of contributing federal political committee.	C	33309-6319	Amount of Each Receipt this Period 1250.00
	Name of Employer NuVision Management	Occupation Vice Pre		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
	SUBTOTAL of Receipts This Page (optional)			3500.00
f	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 38 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using	d Statements may not be sold or used by any perso the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Health Care Association F	Political Action Committee	
Full Name (Last, First, Middle Initial) James R. Westbury, Sr. Mailing Address 922 McDonough Ro	ad	Date of Receipt
City	State Zip Code	0 5 0 5 2 0 0 8 Transaction ID: C419022
<u>Jackson</u>	GA 30233-1522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Westbury Medical Care Home Inc	Occupation President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dennis W. Wheeler		Date of Receipt
Mailing Address PO Box 1545		05 06 2008
City	State Zip Code	Transaction ID: C418749
Mount Pleasant	SC 29465-1545	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Laurel Baye Healthcare	Occupation President/CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) J. Michael Williams		Date of Receipt
Mailing Address 5057 Troy Rd		05 / 27 / 2008
City	State Zip Code	Transaction ID: C423246
<u>Springfield</u>	OH 45502-8150	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer ADCARE	Occupation Executive VP/COO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional))	2000.00
		-
TOTAL This Period (last page this line numb	per only)	72812.98

S	CHEDULE A (FEC Form 3X)		FOR LINE NUMBER: PAGE 29/38									
	For commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) American Health Care Association Politics Full Name (Last, First, Middle Initial) NIKI TSONGAS COMMITTEE, THE Mailing Address PO Box 1454 City Lowell FEC ID number of contributing federal political committee.	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)									
		Detailed Summary Page	13 14 15 X 16 17									
Ar or	ny information copied from such Reports and Statement for commercial purposes, other than using the name at	ts may not be sold or used by any persond address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.									
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
\rangle	American Health Care Association Political A	ction Committee										
	, , , , , , , , , , , , , , , , , , , ,		Date of Receipt									
	Mailing Address PO Box 1454		0 5 1 4 2 0 0 8									
	City	ate Zip Code	Transaction ID: C419015									
	<u>Lowell</u> MA	A 01853	Amount of Each Receipt this Period									
	Ŭ	C00433136	2000.00									
	Name of Employer Occu	upation										
	Receipt For: Primary General Other (specify)	regate Year-to-Date ▼ 2000.00										

SUBTOTAL of Receipts This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	2000.00

A.

В.

SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 30/38 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: D61864 **BB & T CREDIT CARD** Date of Disbursement 3 Ŏ 0 5 2008 Mailing Address 2200 Wilson Blvd Ste 200 City State Zip Code Amount of Each Disbursement this Period Arlington VA 22201-3324 1246.42 Purpose of Disbursement CC Fees Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D61863 BB & T Date of Disbursement 3 1 0 5 2008 Mailing Address PO Box 819 **Operations Center** City State Zip Code Amount of Each Disbursement this Period 27894-0819 Wilson NC 241.80 Purpose of Disbursement Bank Fees Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	•	1488.22
TOTAL This Period (last page this line number only)	•	1488.22

Other (specify)

State:

	CHEDULE B (FEC For	· U	Jse separa	ate schedule(s)	-	NUMBER: PAGE 31/38
IT	EMIZED DISBURSEME	ENTS fo	or each ca	ategory of the ummary Page	(check onling 21b 27	y one) 22 X 23 24 25 28a 28b 28c 29 1
						for the purpose of soliciting contributions slicit contributions from such committee
	NAME OF COMMITTEE (In Full) American Health Care Associ					
<u>/</u>	Full Name (Last, First, Middle Initial ANDRE CARSON FOR CONC	,				Transaction ID: D61287 Date of Disbursement
	Mailing Address 2527 North	Alabama Street				$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix}$
	City Indianapolis	Stat IN	е	Zip Code 46205		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidate	s				4000.00
	Candidate Name Andre Carson	1 5: :			egory/ ype	
	Office Sought: X House Senate President	Disbursemer X Pri Otl		2008 General ify) ▼		
	State: IN District: 07 Full Name (Last, First, Middle Initia BRIDGE PAC					Transaction ID: D61417 Date of Disbursement
	Mailing Address 499 S Capit Ste 412	ol St SW			$\begin{bmatrix}\begin{smallmatrix}M\\05\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\09\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2008\end{smallmatrix}\end{bmatrix}^Y$	
	City Washington	Stat DC		Zip Code 20003-4009		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Committee	es				2500.00
	Candidate Name BRIDGE PAC				egory/ ype	
	Office Sought: House Senate President		nt For: mary her (speci	General		
	State: District: Full Name (Last, First, Middle Initia Buyer for Congress Committee	•				Transaction ID: D61290 Date of Disbursement
	Mailing Address 103 W Broa	idway St				$\begin{bmatrix}\begin{smallmatrix}M\\05\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\05\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2008\end{smallmatrix}^Y \\ &&&&\\\end{smallmatrix}$
	City Monticello	State IN	е	Zip Code 47960-2110		Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidate	s			•	4000.00
	Candidate Name				egory/ ype	
	Rep. Steve Buyer			0000		
	Rep. Steve Buyer Office Sought: X House Senate President State: IN District: 04	Disbursemer X Pri Ott		2008 General		

SCHEDULE B (FEC FOIIII 3X)	Use separate schedule(s		OR LINE check only	E NUMBER: PAGE 3						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23	24] 2	
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or for commercial purposes, other than using the	name and address of any political	al commi	ittee to so	licit contr	ibutions	from such	n committ	ee		
NAME OF COMMITTEE (In Full)										
/ American Health Care Association Pol	litical Action Committee									
Full Name (Last, First, Middle Initial) DAKPAC					action I	D : D615	527		_	
Mailing Address 607 14th Street NW										
City Washington	State Zip Code DC 20005			Amou	nt of Ead	ch Disburs	sement th	nis Pe	rioc	
Purpose of Disbursement	20000	I					5000	0.00	·	
Contributions to Federal Committees Candidate Name		Cata								
DAKPAC		Ty	egory/ rpe							
Office Sought: House Dist	bursement For: Primary General	•								
President	Primary General Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial) Friends of Mark Warner					action I	D: D614	424			
Mailing Address 201 North Union Sui				M / [y žo	ŏ8°	1		
City Alexandria	State Zip Code VA 22314			Amou	nt of Ead	ch Disburs			rio	
Purpose of Disbursement Contributions to Federal Candidates							3000	0.00		
Candidate Name Mark Warner		Cate Ty	egory/ /pe							
Office Sought: House X Senate President Dist	bursement For: 2008 X Primary General Other (specify) ▼	•								
State: VA District:										
Full Name (Last, First, Middle Initial) Jeb Bradley For Congress					action I of Disbur		482			
Mailing Address 645 S Main St				o ^M 5	M / C	19 /	y žo	ŏ8°		
City Wolfeboro	State Zip Code NH 03894-4419)		Amou	nt of Ead	ch Disburs	sement th	nis Pe	rio	
Purpose of Disbursement Contributions to Federal Candidates				<u> </u>			1000	0.00	_	
Candidate Name Jeb Bradley		Cate Ty	egory/ /pe							
Office Sought: X House Senate President Disl	bursement For: 2008 X Primary General Other (specify)									
State: NH District: 01	· · ·									
SUBTOTAL of Disbursements This Page (option	onal)		<u> </u>			•	9000	.00	-	
TOTAL This Period (last page this line number	only)		•							
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CHEDULE B (FEC FOIII 3X)		rate schedule(s)				NUMBE y one)	:K:			PAGE	33 / 3	38
TEMIZED DISBURSEMENTS	Detailed S	ategory of the Summary Page		2 2	1b 7	22 28a		23 28b	24 28	С	25 29	
ny Information copied from such Reports and State for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)	me and addres	s of any political										
American Health Care Association Politic	cal Action Co	ommittee										
Full Name (Last, First, Middle Initial) Jeb Bradley For Congress					Date		burse	D61 ement		· · · · · ·	Υ	
Mailing Address 645 S Main St	Mailing Address 645 S Main St								20	_ 2	0 ŏ 8	
City Wolfeboro	State NH	Zip Code 03894-4419				Amou	ınt of	Each	Disbur			_
Purpose of Disbursement Contributions to Federal Candidates							_	-		1(00.00)
Candidate Name Jeb Bradley				tegor	//							
Senate President	rsement For: X Primary Other (spec	2008 General										
State: NH District: 01 Full Name (Last, First, Middle Initial)						Trans	antic	ın ID:	D61	470		
JIM RISCH FOR US SENATE COMMIT	TEE					Date	of Dis	burse	ement	4/3		
Mailing Address 407 W JEFFERSON S	TREET					0 ^M 5	M /	^D 1	9 /	Ž	0 0 8	3
City Boise	State ID	Zip Code 83702				Amou	ınt of	Each	Disbur	semer	t this F	Perio
Purpose of Disbursement Contributions to Federal Candidates										1(00.00)
Candidate Name Jim Risch				tegor	//							
ÿ	X Senate X Primary Gener President Other (specify) ▼											
Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS								burse	D61	477		
Mailing Address 2525 N BAKER DR						0 ^M 5	M /	^D 1	9 /	ÝŽ	0 0 8	Y
City Canby	State OR	Zip Code 97013				Amou	ınt of	Each	Disbur			_
Purpose of Disbursement Contributions to federal candidates						L.				1(00.00)
Candidate Name Kurt Schrader				tegor ype	//							
Senate President	x Primary Other (spec	2008 General										
State: OR District: 05												
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SCHEDULE B (FEC Form 3X)	Use separate schedul	Δ(C) -	E NUMBER: PAGE 34/38
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Pa		22 X 23 24 25 2
Any Information copied from such Reports and State		used by any persor	n for the purpose of soliciting contributions
or for commercial purposes, other than using the na	me and address of any poli	tical committee to s	solicit contributions from such committee
NAME OF COMMITTEE (In Full) American Health Care Association Politic	cal Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: D61418
National Republican Congressional Com	mittee		Date of Disbursement O 5 O 9 O 9 O 8
Mailing Address 320 1st St SE			05 7 0 9 7 2 0 0 8
City Washington	State Zip Code DC 20003-18	338	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Committees			7500.00
Candidate Name National Republican Congressional Com	mittee	Category/ Type	
Senate President	sement For: Primary Gene Other (specify) ▼	ral	
State: District:			
Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2008			Transaction ID: D61483 Date of Disbursement
Mailing Address 5915 EASTMAN AVE.	SUITE 100		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City MIDLAND	State Zip Code MI 48640		Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to Federal Candidates			1000.00
Candidate Name Rep. Dave Camp		Category/ Type	
	sement For: 2008 X Primary Gene Other (specify)	ral	
State: MI District: 04			
Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS			Transaction ID: D61478 Date of Disbursement
Mailing Address P.O.Box 1457			05 19 / 2008
City Iowa City	State Zip Code IA 52244-14	 157	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions to federal candidates			1000.00
Candidate Name Rep. Dave Loebsack		Category/ Type	
9 1	sement For: 2008 X Primary Gene Other (specify)	ral	
State: IA District: 02			
SUBTOTAL of Disbursements This Page (optional	l)	>	9500.00
TOTAL This Period (last page this line number onl	у)	>	

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a		23 28b	2	4 8c	25 29	20
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NAME OF COMMITTEE (In Full)	de al Asido a O									
American Health Care Association Poli	tical Action Committee									
Full Name (Last, First, Middle Initial) HOBSON FOR CONGRESS				Trans			_	1322		
Mailing Address 82 WEST COLUMBIA	A STREET			0 ^M 5	M /	^D 0	^D 6	Y	ž 0 ŏ	8 ^Y
City SPRINGFIELD	State Zip Code OH 45502			Amou	nt of	Each	Disbu	ırsem	ent this	Period
Purpose of Disbursement Voided transaction								-	1000.0	0
Candidate Name Rep. David Hobson		Categ Typ								
Senate President	ursement For: 2008 X Primary General Other (specify) ▼									
State: OH District: 07										
Full Name (Last, First, Middle Initial) Matheson for Congress				Trans Date of	of Dis	burse	ement	1282	V	V
Mailing Address 677 So. 200 West Su	ite A			0 5	M /	^D 0	5 /	L,	ŽΟĎ	8 1
City Salt Lake City	State Zip Code UT 84101			Amou	nt of	Each	Disbu		ent this	
Purpose of Disbursement Contributions to Federal Candidates	Contributions to Federal Candidates								2000.0	0
Candidate Name Rep. Jim Matheson										
Office Sought: X House Senate President State: UT District: 02	ursement For: 2008 X Primary General Other (specify) ▼									
Full Name (Last, First, Middle Initial) JOE DONNELLY FOR CONGRESS				Trans				1286		
Mailing Address P.O. Box 1961				o ^M 5	M /	^D 0	5 /	Y	žoŏ	8 ^Y
City South Bend	State Zip Code IN 46634			Amou	nt of	Each	Disbu	ırsem	ent this	Period
Purpose of Disbursement Contributions to Federal Candidates				L.					4750.0	0
Candidate Name Rep. Joe Donnelly		Categ Typ								
Office Sought: X House Disk Senate President	ursement For: 2008 X Primary General Other (specify) ▼	•								
i iosident										
State: IN District: 02										

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	Full Name (Last, Fi								saction II of Disbur	D: D612	285	
	Mailing Address				0 ^M 5	M / D	0 5 /	Ý Ž0	80			
	City Louisville			State KY	Zip Code 40206			Amou	ınt of Eac	h Disburs	ement th	nis Perio
	Purpose of Disburs Contributions to Fe					Г		<u>L.</u>			4500	0.00
	Candidate Name Rep. John Yarm						ategory/ Type					
		X House Senate President	Disburse X	ment For: Primary Other (spe	2008 General							
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	Mailing Address c/o 1357 Kapiolani Blvd. Ste. 1005							0 ^M 5	M / D		Ý Ž0	80
	City Honolulu			State HI	Zip Code 96814			Amou	ınt of Eac	h Disburs	ement th	nis Perio
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name] L.			1000	0.00
	Candidate Name Rep. Neil Abercr				ategory/ Type							
		X House Senate President District: 01	Disbursel X	ment For: Primary Other (spe	2008 General							
	Full Name (Last, Fi NIKI TSONGAS	rst, Middle Initial) COMMITTEE, TI	HE					Date	of Disbur		14	
	Mailing Address	PO Box 1454						0 ^M 5	M / D	09 /	y žo	80
	City Lowell			State MA	Zip Code 01853			Amou	ınt of Eac	h Disburs		
	Purpose of Disburs Contributions to Fed							L.			2000).00
	Candidate Name Rep. Niki Tsonga	as					ategory/ Type					
	Office Sought:	X House Senate President	Disburse	ment For: Primary Other (spe	2008 X General ecify) ▼							
	State: MA	District: 05										

IT	CHEDULE B (FEC Form	3X) Use	e separat	e schedule(s)		_		NUM				PAG	GE 37	/ 38
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	y Information copied from such Reports for commercial purposes, other than usi													
	NAME OF COMMITTEE (In Full) American Health Care Association					Titte				2110110	1101113	4011 00	or in thick	<u> </u>
<u>/</u>	Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH										D : D	-	0	
	Mailing Address PO BOX 1940	Mailing Address PO BOX 1940								/ [19	/ Y	žoŏ	8 Y
	City ERIE	State PA		ip Code 6507				An	nount	of Ead	ch Dist	oursen	nent this	
	Purpose of Disbursement Contributions to Federal Candidates				Г			L					1000.	00
	Candidate Name Rep. Philip S. English					tegoi ype	ry/							
	Office Sought: X House Senate President State: PA District: 03	Disbursement I Prima Othe		2008 X General ⁄) ▼										
	Full Name (Last, First, Middle Initial) Richard E. Neal for Congress							ı			D: D		5	
	Mailing Address 76 Magnolia Te					Ó	5 ^M	/ 0	0 9	/ Y	žoŏ	8 ^Y		
	City Springfield	State MA		ip Code 01108-2533				An	nount	of Ead	ch Dist	oursen	nent this	Perio
	Purpose of Disbursement Contributions to Federal Candidates							L	•				5000.	00
	Candidate Name Rep. Richard E. Neal					tegoi ype	y/							
	Office Sought: X House Senate President State: MA District: 02	Disbursement I X Prima Othe		2008 General										
	Full Name (Last, First, Middle Initial) SEARCHLIGHT LEADERSHIP F	UND						Da	te of	Disbur	D : D			* 1/
	Mailing Address 422 C Street N	E Lower level						Ó	5 ^M	/ 0	0 5	/ L	žoŏ	8
	Lower level							۸	nount	of Ead	ch Dist	oursen	nent this	Perio
		State DC						An			-			
	Lower level City Washington Purpose of Disbursement Contributions to Federal Committees								•			•	2500.	00
	Lower level City Washington Purpose of Disbursement Contributions to Federal Committees Candidate Name SEARCHLIGHT LEADERSHIP F	DC	2			tegoi ype	ry/				•		2500.	00
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SCHEDULE B (FI		Use sep	arate schedule(s)	-	LINE NUMBER	: [}	AGE 38/3	38	
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NAME OF COMMITTE		ne name and addre	ss of arry political	Committee	to solicit contino	duons nom suci	Committee		
American Health Ca		Political Action C	Committee						
Full Name (Last, First, Middle Initial) JOHN KERRY FOR SENATE					Transaction ID: D61416 Date of Disbursement				
Mailing Address 10	G STREET NE	:			05	09	Ý ŽOŠ8	3 ^Y	
City WASHINGTON		State DC	Zip Code 20002		Amount	of Each Disburs			
Purpose of Disburseme Contributions to Federal]		5000.00	J	
Candidate Name Sen. John F. Kerry				Category, Type					
X	House I Senate President	Disbursement For: X Primary Other (spe	2008 General ecify)						
	rict: 00								
Full Name (Last, First, N FRIENDS OF KENT	,					ction ID: D615 Disbursement	528		
Mailing Address PC) BOX 812				0 5		[°] 2008	3 Y	
City BISMARCK		State ND	Zip Code 58502		Amount	of Each Disburs	ement this F	² erio	
Purpose of Disbursement Contributions to Federal Candidates					7 L.		3750.00)	
Candidate Name Sen. Kent Conrad				Category, Type					
X	Senate President	Disbursement For: X Primary Other (sp	2012 General ecify)						
State: ND Distriction District	rict: 00				—	- II- DOM	204		
COLEMAN FOR SENATE 08					Date of	ction ID: D612 Disbursement		Y	
Mailing Address 73	00 HUDSON BI	LVD SUITE 270	A		0 5	05	Ý ŽOĎ8	3	
City ST PAUL		State MN	Zip Code 55128		Amount	t of Each Disburs			
Purpose of Disburseme Contributions to Federal]		1000.00	J	
Candidate Name Sen. Norm Coleman				Category, Type					
X	House I Senate President	Disbursement For: X Primary Other (spe	2008 General						
	rict: 00	Спо (эр							
							9750.00	0	
SUBTOTAL of Disbursem									